

## State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. BOX 712

TRENTON NJ 08625-0712

PHILIP D. MURPHY Governor

> Sheila Y. Oliver Lt. Governor

Carole Johnson Commissioner

Meghan Davey Director

## STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.P.,

PETITIONER,

V.

ESSEX COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION FINAL AGENCY DECISION

OAL DKT. NO. HMA 16629-18

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the contents of the OAL case file. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision February 4, 2019 in accordance with <u>N.J.S.A.</u> 52:14B-10, which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of receipt. The Initial Decision was received on December 19, 2018.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety. This matter arises from the Essex County Board of Social Services' (ECBSS) termination of Medicaid eligibility because Petitioner failed to complete her Workability redetermination. However, at the scheduled OAL hearing, the Petitioner agreed to complete the redetermination and ECBSS agreed to evaluate Petitioner's eligibility in accordance with the redetermination.

THEREFORE, it is on this  $\chi^{2n0}$  day of JANUARY 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director Division of Medical Assistance and Health Services